Dermatology Structured Reference Letter

Thank you for agreeing to act as a referee. The admissions committee relies heavily on the information provided by the medical supervisors who observed the candidate in a clinical setting. Therefore, we would like to know your assessment of this candidate's different skills.

Candidate Name: _____

Name of the referee: _____

Workplace: _____

1. In what context have you known/worked with the candidate?

   Clinical observation ☐
   Educational consultant ☐
   Socially ☐
   Other (specify) ☐ _____

2. How long have you known/worked with this candidate (days/weeks/years)?

   _____

3. Do you believe that you know this candidate well?

   Yes ☐
   No ☐

4. Please indicate your observations of the following different evaluable criteria:

   a. Cognitive knowledge and skills:

      Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

      Comments:

b. Sense of organization:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

c. Behaviour, attitude, and maturity:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

d. Communication skills and working relationships:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

e. Motivation and punctuality:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

f. Sense of responsibility and autonomy:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

g. Clinical judgment:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

h. Technical skills specific to dermatology:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

i. Special qualities and unique contributions:

Percentile:

≤50	75	85	90	≥95
☐	☐	☐	☐	☐

Comments:

5. Please indicate your overall assessment of the candidate in <u>one</u> of the following ways:

   i. Place an "X" in the appropriate place on the scale below.

   Exceptionally **LOW** _____ Exceptionally **HIGH**

   ii. Complete the following statement: I would rank this student in the top ____% of all medical students I worked with this year.

6. Finally, please check the box that best represents your current opinion of the candidate:

- ☐ I recommend this candidate without any hesitation
- ☐ I recommend this candidate
- ☐ I recommend this candidate with some reserve
- ☐ I do not recommend this candidate for a residency position in dermatology

I confirm that this letter is confidential and that the candidate will not receive a copy.

Name: _____

Title: _____

Date: _____ _____